

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3353

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1464

1. PLACE OF DEATH

A. COUNTY

Maricopa

2. USUAL RESIDENCE

(WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

A. STATE

Arizona

B. COUNTY

Maricopa

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN

Phoenix

C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA)

6 yrs

6 yrs

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN

Phoenix

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

St. Joseph Hospital

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

1205 N. 20th St.

3. NAME OF DECEASED

A. (FIRST)

Eva

B. (MIDDLE)

S.

C. (LAST)

Emerson

4. SEX

Female

5. COLOR OR RACE

White

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH

MONTH

DAY

YEAR

Apr

2

1890

8. AGE

YEARS

MONTHS

DAYS

61

2

24

9. IF UNDER 24 HOURS

HOURS

MIN.

10. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED)

Housewife

9B. KIND OF BUSINESS OR INDUSTRY

Own home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Kansas

11. CITIZEN OF WHAT COUNTRY?

USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)

No

13. SOCIAL SECURITY NO.

432-10-0903

14A. FATHER'S NAME

David Spealman

14B. BIRTHPLACE (STATE OR COUNTRY)

Indiana

15A. MOTHER'S MAIDEN NAME

Adeline Caldwell

15B. BIRTHPLACE (STATE OR COUNTRY)

Illinois

16. INFORMANT'S SIGNATURE

C. S. Emerson

ADDRESS

Phoenix, Ariz.

17. DATE OF DEATH

(MONTH)

June

(DAY)

26

(YEAR)

1951

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTINUED.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a)

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION

Respiratory failure

Chronic atelectasis

Chronic atelectasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

3/8/51

19B. MAJOR FINDINGS OF OPERATION

Chronic atelectasis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10:50P, 1951, TO 1951, THAT I LAST SAW THE DECEASED ALIVE ON 1951, AND THAT DEATH OCCURRED AT 10:50P, FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

John A. Emerson MD

(DEGREE OR TITLE)

23B. ADDRESS

926 E. McDowell, Phoenix

23C. DATE SIGNED

6/28/51

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE

June 30, 1951

24C. NAME OF CEMETERY OR CREMATORY

Greenwood

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Phoenix, Ariz.

25A. DATE REC'D BY LOCAL REG.

6/29/51

25B. REGISTRAR'S SIGNATURE

Bulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE

Robert W. Tracy

27. ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA CERT. NO.

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